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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTE- RINE DISORDERS.

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(Concluded from No. 886.)

GENERAL HINTS.

One potent cause of invalidism in our women is that keeping up of appearances which infects every class of society. In other countries, where the wall of exclusiveness is insurmountable, each class accepts the situation, and lives and moves in accordance with the requirements of its position in life. Here, every one feels, or tries to feel, "as good as" one's neighbor; but this feeling of equality, in one sense a virtue, is such no longer when the poor ape the extravagances of the rich. The man asserts his equality by his ballot; the woman, by her needle. In the one this self-assertion is a periodic explosion, and he feels the better for it. In the woman it is a life-long, heart-wearying struggle. Hence that endless cutting, and basting, and turning; that perpetual needle-plying, which is the canker of so many of our households. Our very servants catch the folly, and spend all their wages and all their leisure in vying with the toilets of their mistresses. By this foolish rivalry the mothers and daughters of this land destroy the little health that a false system of education has left to them.

What physician is there who has not seen ambitious mothers break down under the burden; or who does not expect some of his patients to be at least laid up by their spring and autumn dressmaking? One word here about the sewing-machine. While I do not believe all that is laid to its charge, yet its treadle motion does undoubtedly lead to pelvic and portal congestions. In spite of myself I have become convinced that no woman who operates on this machine as a trade can long escape from some uterine derangement. Even its family use is not unattended with risk, because, although intermittent, it is liable to be too prolonged.

Were not the subject already too hackneyed, I might enlarge, as other causes of ill-health, upon late hours and social dissipation, upon that false and restless philanthropy which neglects home, and upon that unhappy discontent which forgets that to be loved one must be loveable. Woman shines best and thrives best, not in the adulation of society, not in obtrusive self-assertion, but in the quiet and faithful performance of her home duties. The heat and stir of life is food for man's more rugged nature. The wholesomest passages of her life are those which, like the thesis of a symphony, are unpercussed and unaccented.

The banishment of the corset from the waists of those who have attained to years of discretion would be a great boon to the sex; but the profession is powerless against the Moloch of fashion. Their disinterested warnings in that direction are like those of Cassandra, truthful, but unheeded. The family physician can, however, do the next best thing, and that with some show of suc-

cess. He can solemnly adjure the tightly harnessed mothers of the land not to allow their growing and romping daughters to put on the maternal armor. He can earnestly plead for the support of their underclothing by the use of shoulder-straps or of "skirt-supporters." This advice is not untimely, for I am assured, on the good authority of a fashionable corset-maker, that even the school-girl of the period has an ideal waist. A waist to which she squeezes, and laces, and tortures herself down, for the simple reason that it is always more slender than her own.

Too much brain-work, too little house-work, is another crying evil of our land. Precocious cleverness is attainable only at the cost of physical and sexual development. Manifold diseases, many of them of a uterine complexion, date from the recitation room. Under the high-pressure system of our public schools, even a class which ought to live by manual labor is made unfit for it. Hence an inability to work attaches degradation to domestic labor, and town and city teem, therefore, with pale-faced and flat-chested women, who seem to have no other hold on life than a capacity for momentary enthusiasm; no other aim in life than the absolute Nothing, the Nirvana of the Buddhist. Our great-grandmothers got their schooling during the winter months, and let their brains lie fallow for the rest of the year. They knew less about Euclid and the classics, than they did about housekeeping and housework. But they made good wives and mothers, and bore and nursed sturdy sons and buxom daughters, and plenty of them at that. From the age of eight to that of sixteen our daughters spend most of their time either in the unwholesome air of the recitation-room, or in poring over their books when they should be at play. As a result the chief skill of the milliner seems to be directed towards concealing the lack of organs necessary alike to beauty and to maternity, and the girl of to-day becomes the barren wife or the invalid mother of tomorrow. Surely a civilization that stunts, deforms, and enfeebles, must be unsound! To reform these abuses, to reclaim woman to womanhood, to make wives *helpmates* in the true sense of the word, is then one great mission of the physician, a mission which he must cheerfully and dutifully accept.

Marcus Aurelius, St. Augustine and other

great and noble men wrote with tender affection of what they owed to a mother's love, to a mother's care. If that imponderable essence, the mind, can be moulded and shaped by a mother's heed, why not the body? Why should not the culture of the one be as much an object of maternal solicitude as the culture of the other? To preserve, then, the priceless gem of health, let the physician teach mothers how to preside over the physical education of their daughters, how to pilot their frail bodies safely through the shoals and quicksands of girlhood; for at this time of life an ounce of mother is worth a pound of doctor. To this end, girls should be early made to throw back their shoulders, to maintain an erect carriage, and to walk with toes pointed outward. This attitude puts into action muscles which increase the obliquity of the pelvis to the trunk, and consequently lessens the downward pressure of the abdominal viscera upon the pelvic organs. Their clothing should be thick and warm; their shoes stout and roomy; their brains not overtaxed. Candies, doughnuts, and hot biscuits must be struck out from their fare; such trash has made our dentists world-renowned. Habits of regularity in sleep, as well as in the evacuations, should be scrupulously enforced. Over-work in a constrained position, especially that at the sewing-machine, must be forbidden. Let them daily take sunshine and exercise in the open air. But, on the other hand, let them, during their monthly sickness, avoid picnics, sleigh rides, dancing parties and other like imprudences. The risks from suppression should be vividly pointed out, else they could hardly be persuaded to forego pleasures which, at such times, are fruitful sources of mischief. Mothers should, therefore, diligently supervise the catamenial week of their daughters, and at that time forbid all over-work of brain and body. Would that all women could be taught to look upon the law of periodicity in their nature not as an affront to womanhood, not as the mark of a curse, but as a dower of health and beauty if respected, as the haven of life-long invalidism when abused!

Let mothers select the books which their daughters read. None of the namby-pamby trash of our circulating libraries, none of the prurient literature of the day, should cross the threshold of a well-ordered home. It heats the blood; it inflames the passions;

it goads on to precocious pubescence; it throws a halo of false and sickly sentiment around the day-dreams of youth. Let mothers themselves be implored neither to buy nor to borrow those vile pamphlets which flood the length and breadth of this land; a literature which, while professing in good faith to treat of the conjugal relations, covertly panders to our worst instincts, and defiles with the slime of an impure fancy. While on the subject of books, let me here urge upon my readers the perusal, and the circulation among their patients, of two most excellent works; the one, "Wear and Tear," by Dr. S. Weir Mitchell; the other, "Sex in Education," by Dr. E. H. Clarke. A timely essay by Dr. Nathan Allen on "Physical Degeneration" (*Psychological Journal*, October, 1870), can also be read with much profit. To these authors I am indebted for some of the thoughts embodied in this paper.

Certain causes of uterine diseases there are, which I would gladly leave unnoticed, for it is hard, in acceptable language, even to allude to them. But so wide-spread are the evils resulting from them, that to pass them by would be a flagrant sin of omission. "Two things come not back," said the Caliph Omar, "the sped arrow and the spoken word." Deeply impressed by the wisdom of this saying, I shall try so to write on these delicate subjects, as never to regret what I have written.

Arguing from a strictly practical and not from a sentimental point of view, but with all reverence, the love interchanged between man and woman is no mere operation of the mind, no sheer intellectual process. However pure this passion may be, it is necessarily twofold in its nature. It is an alloy, made up, like ourselves, of body and mind; the grosser moulds so interfluxed with the more ethereal, that the one finds its most passionate expression in the fruition of the other. Abstract love between the sexes cannot, therefore, exist in any other sense than that engendered by blood ties. Forgetful of this absolute law of our being, sentimentalists have judged too harshly of Abelard, and lavished too one-sided a sympathy upon Heloise. Without further comment, the antenuptial relations, at least such as custom commonly sanctions in this land—and, I believe, in no other—are therefore, when prolonged, very disturbing elements to a young girl's health. Long engagements, by

keeping up a wearing nervous erethism, are not only recognized, but even classified, by alienists, as one of the causes of insanity in women. Much more frequently the nervous exaltation is spent upon the reproductive organs; for there follows an awakening of sense which is not, as in man, appeased by the distractions of business pursuits. Uterine trouble from this source any open-eyed physician will over and over again see. Now, it is true that in love affairs the physician must be no meddler; match-making is certainly not his business. But, as a tried and valued friend, as a brother beloved, he can speak out when others may not even hint. Or, when consulted by the anxious mother about symptoms in her daughter plainly referable to the reproductive organs, he can disclose the cause, and thus be the means of hastening on the cure.

If the caresses of lovers are prejudicial to good health, every like relation between the sexes must be exposed to like dangers. In too many rural districts, and in the lower classes of citizens, such license is tolerated in the social intercourse between the youth of each sex as must be destructive alike to good health and to good morals. But, since it is not to my present purpose to appear as a social reformer, I shall confine my remarks to the hygienic aspect of the subject. The "old folks" are shelved too soon. Young people are left too much to themselves, and thrown too much together. Their social gatherings are too rarely presided over by their mothers or their seniors. As a very natural consequence, their games become coarse, their forfeits immodest, and little by little this freedom from restraint is liable, finally, to degenerate into such gross familiarities as would be improper between even affianced lovers. An unnatural sexual excitement is thus kept up, which must do physical harm. Of the moral harm I say nothing; the fathers who read these lines must draw their own conclusions. In this matter I am plainly at a loss to see how a physician can interfere in any other way than by setting a good example in the order and decorum of his own household. A nimbler wit than mine may work out some better way; if so, his be the credit; I do but throw out hints.

The excesses of the honey-moon journey, conjoined with its fatigues and its discomforts, are too often the starting-point of uterine disease. Here, again, will the family

physician delicately proffer his counsel. In chosen words he can hint at moderation in all things, and suggest the avoidance of the usual exhausting round of travel and of sight-seeing. Such words will then, indeed, be words spoken in season. He must, still further, take cognizance of the sexual relations between husband and wife, relations which, when abused, are productive of much mischief. All excess in that direction he will discountenance. Unmastered importunity and too submissive an affection must be met by separate beds, by uncommunicating rooms, and if need be, by strong expostulation. Criminal abortion he must denounce, and that boldly, if he values the health and happiness of his fellow-creatures, and a clear conscience before God and man. The evils of incomplete coitions and of other detestable arts practiced to frustrate conception, he will paint in no neutral colors. Space forbids more than a brief allusion to these secret sins, which, like the plague of the frogs, creep into our "houses, and bed-chambers, and beds." Suffice it to say that outraged Nature is resentful, and makes fierce reprisals whenever woman receives "the seed of another life" in any other way than that by which it tends to become fruitful. As West has pointed out (*Diseases of Women*, Lect. VI.), and as I have tried to show (*Philadelphia Medical Times*, February 1st, 1872, p. 16), no woman who deliberately thwarts the plain intention of the institution of marriage can long escape from the very worst forms of uterine disease. There is, moreover, a disastrous connection here between these sinful practices and immorality. Dishonor the body, the temple of the soul, and you dishonor the soul. The artifices and accoutrements borrowed from the brothel inevitably do damage, not only to good health but to good morals. Blunted pleasures lead to estrangement, to unfaithfulness, to divorce; the wife lapses, so to speak, into a mistress; and the marriage tie is degraded into a carnal contract which regards alone the necessities of the flesh. Much sad experience, alas! has proved irrefragably two axioms: that pregnancy is a necessary condition to healthful and happy marriages; and that there is no innocuous expedient whereby maternity can be shunned; no safe stratagem by which man can balk God's first blessing and first command.

The sympathy between the mammary

glands and the uterus is so close as to have, in the treatment of post-partum hemorrhages, a positive therapeutic value. By condensing the womb and diverting the blood from it, lactation up to a certain point acts beneficially. But by exhausting the woman's strength and producing morbid impressions upon the womb, over-lactation becomes in itself a cause of uterine disease. It also very seriously compromises the health of the sucking child. Whenever, therefore, a nursing woman finds that the act of suckling is followed by a pain in the back, or by other symptoms of uterine irritation; whenever she suffers from dizziness, dimness of vision, sore mouth, shortness of breath, palpitations of the heart or night-sweats, she should be urged by her physician to wean her child. I use the word *urged* designedly, because lactation is often prolonged beyond all reason, simply as an antidote against conception.

Nothing so certainly undermines the uterine health as the wear and tear of nursing the sick. The unwholesome air of a sick chamber, the close confinement, the selfish exactions of the patient, the broken rest, all tend to enfeeble the system. Then the undue exertions made at arm's length, such as in lifting or in turning a helpless invalid, so violently strain the diaphragm and the abdominal muscles as to force down and permanently displace the womb. Forewarned by the physician, the nurse, be she kin or stranger, will dally take a stroll in the open air, and in some way make up for loss of sleep.

The proverbial constipation of the poorer class of women in our cities, and of those women who live in the country, is another cause, and an exceedingly common one, of uterine disease. Such defective sewerage of the body, by the resorption of foul gases and of effete matter, degrades the blood, starves nerve-centres, breeds dyspeptic ailments, and begets pelvic and portal congestions. In this chain of sequences there is no missing link. Uterine congestions are also produced mechanically by the irritation or the pressure from hardened feces; uterine flexions and displacements brought about by the straining efforts to empty the bowels. Over-distention of the bladder, by drawing up the cervix and thrusting the fundus over backward, is, undoubtedly, a very important factor in the production of retroflexions and retroversions of the womb. Yet

what poor woman is there who is not thus daily exposing her womb to these displacements?

These irregularities of habit in our sorrowful women are in a great measure owing to the discomfort, inconvenience and indecent exposure of their closet accommodations. Where is the privy that invites, rather than repels an operation of the bowels? When is it ever sheltered from the rude blasts of winter; or not poisoned by noisome stenches, acrid vapors, and unclean flies? Where is the privy that is not overlooked by the back buildings of all the neighboring houses, or not placed at such an embarrassing distance from the house as to be, in bad weather or in dark nights, absolutely inaccessible? Where, in the country, and for that matter, in cities also, is not to be found the privy made up of rough boards rudely spiked together, with cracks wide enough to destroy all privacy, with a door without a bolt, and generally hanging by one hinge, with a crescent-shaped hole for a window, and with its sole article of furniture a barrel of rasping corn-cobs? After such an unsightly but truthful picture, can we wonder that the calls of nature are looked upon as grievous dispensations of Providence, as hateful duties which are to be put off as long as possible, and obeyed as seldom as possible? To a delicate woman the exposure to the weather is a serious risk; to one who is menstruating it is a constant menace; while to the refined woman the exposure to view compels the postponement of her physical duties to night-fall, or until driven to them by a sheer necessity which knows no law.

Now, what is the remedy? Clearly such closets as civilized Christian beings, living in the nineteenth century, are not degraded by using; closets that are decent, comfortable and accessible. To educate the community up to the reception of this wholesome truth is the duty of the physician. He must tilt his lance against everything in the shape of a privy, and set a good example himself, by using, when water closets are not available, an earth closet in his own family. Such a closet, not larger than an old-fashioned arm-chair, can be moved about from room to room, or be put where it will be both private and accessible. Nor will its presence poison the surrounding air, for there is no better deodorizer of organic refuse than the dry earth contained in its hopper.

As a fit ending to this series of papers, justice to myself prompts me to remind the reader that, as the title indicates, I have thrown out mere hints, which he must develop; bare outlines, which he must fill up. The fullness of a great and important subject cannot be compressed within even the generous space allotted to me in this Journal. The most that I have attempted has been to "vulgarize" what has hitherto been monopolized by specialists. Nor have these papers pointed out all the sources of mischief to the female reproductive organs. Other unsuspected correlations undoubtedly exist, for life is complex, and woman "fearfully and wonderfully made." These every physician will search out for himself, and when discovered, wage an unending war against. To heal sickness is noble, to prevent sickness is nobler, for thereby is suffering most lessened, and thereby does our profession best show its disinterestedness.

A FATAL CASE OF GASTRO-RHAGIA.

BY J. B. MATTISON, M.D.

Of Chester, N. J.

On the evening of November 29 I was summoned to see Mrs. H., widow, set 52, and on arriving, was shown a vessel containing about a pint of dark clotted blood, which had been ejected in one act of emesis, fifteen minutes prior to my arrival.

I found her considerably excited, pulse accelerated, though of fair volume, and learned that she had felt in usual health during the day, save a sensation of fullness and discomfort in the epigastrium, which did not, however, give rise to any special alarm. She was directed at once to bed, strict quiet enjoined, and ice by the mouth *ad lib*.

Twelve hours after I was again hurriedly requested to visit her, and ascertained that another hemorrhage, somewhat in excess of the first, had taken place, the blood of the same dark clotted character, thrown off in a single act of vomiting, and that during the night two evacuations from the bowels, of a dark tar-like color, had occurred. She now showed, most unmistakably, the effect of this copious loss, having had several attacks of partial syncope, the face being completely blanched, and the pulse frequent and very feeble. The following was ordered:—

R. Opii pulv,
Plumb. acet., ʒʒ gr. j. F. chart.

Sig. One powder every hour. Absolute

quiet in recumbent posture and ice as before.

At a subsequent visit, some hours later, I found she had rallied somewhat, the pulse being less frequent and stronger, and making no particular complaint except of great debility. The interval between the powders was now increased to four hours, and in addition gtt. xx tinc. ferri. chlor., alternately given, nourishment in the form of concentrated beef-tea being freely administered.

Under this treatment the case progressed, the patient meanwhile seeming to improve, until the evening of December 2, when another hemorrhage, to the extent of about six ounces, took place. Ergot ext. fld. gtt. x, added to each dose of the muriated tincture; other treatment continued.

Dec. 3. Patient comfortable, save feeling of great debility. Treatment continued. Cold to the epigastrium, beef tea freely, and brandy in addition.

Dec. 4. 5.30 A.M. Summoned in haste. Another hemorrhage eight ounces in amount, leaving the patient pulseless and in a state of prolonged syncope. Ordered enema of beef tea, brandy and milk. Rallied so as to notice her attendant, but subsequently became weaker, and failed gradually until, at 8.20 A.M., death closed the scene.

At a late hour, and with considerable difficulty, a partial *post-mortem* was obtained, the stomach and spleen only being examined. Four ounces of a dark colored fluid were found in the former, and three inches from its cardiac extremity was a space six inches in length by three and a half in breadth, intensely congested and studded with hemorrhagic erosions. Careful and repeated examinations failed to discover any evidence of gastric ulceration. The spleen was much increased in size, being, we should judge, as large again as normal.

Now what was the cause of the copious hemorrhage which ultimately drained this patient's life away? Up to the date of its first occurring she considered herself in usual health, and though under our care on several occasions, yet at no time did she present symptoms referable to any gastric or portal derangement.

Gastrorrhagia, as a rule, is dependent upon one of three causes, ulcerative perforation, carcinoma, or cirrhosis of the liver, the first being the most common. Generally speaking, symptoms sufficiently diagnostic are

attendant upon each of these pathological conditions, yet occasionally they are remarkably latent, and nothing but an autopsy reveals the true cause of a fatal result. Dr. Murchison, in a clinical lecture reported in the London *Lancet*, for January 22, 1870, cites a fatal case of gastric ulcer under his observation, in which there had been no symptom connected with the stomach prior to the bleeding. Similar instances are related in Flint's *Practice*, and the records of clinical medicine elsewhere furnish many more.

In this case, while recognizing the impossibility of making a positive diagnosis, and having an indication to meet which, unless successfully fulfilled, imperilled the existence of our patient, viz., the hemorrhage, we adopted a plan of treatment accordingly, which was fully approved by a practitioner of large experience called in consultation, inclining meanwhile to the opinion, from its comparative frequency and other circumstances, that it was one of ulcerative action; but the negative evidence furnished after death proved this position untenable, and we now think, from the congested state of the gastric mucous membrane and the marked splenic enlargement, that the case was one of latent hepatic disorder.

In this connection the question arises, would not a different mode of treatment have yielded more favorable results? If the above view of the cause be correct, we think it would. Certainly if its nature were obstructive, as seems most probable from the *post-mortem* appearances, remedies calculated to unload the distended vessels would have held out more brilliant prospects of success.

It is under these circumstances, being well convinced that the relief of portal congestion is the main indication for treatment, while admitting some cases where, uncertain as to the exact nature of its cause, we are obliged to treat the hemorrhage as the chief symptom, that Statson recommends what he styles "hard purging." "Do not be afraid of purging your patients in such cases. If they are curable at all that is the way to cure them. I have pursued that plan with perfect success, even with patients whom the previous hemorrhage had blanched, and whose pulse was feeble and irregular. You may sustain them at the same time by a full allowance of nourishing broths."

In relating the foregoing history to a professional friend, he informed me of an instance in which he was called to a lady much reduced by profuse hæmatemesis, and for whom, considering the cause obstructively hepatic, he ordered frequently repeated doses of a saline cathartic, which were followed by copious alvine dejections and subsequent restoration to entire health.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

November 21st, 1873.

GENTLEMEN:—Two weeks ago I promised to report to you the subsequent history of a case of ovariectomy in which the cyst ruptured into the abdominal cavity, and I now make good my promise. The patient died on the 10th day, not from peritonitis, not from septicæmia, but from prostration induced by constant vomiting. For a time the rectum served to retain nutrient enemata, but only for a time. The temperature was always below 101° Fahr., and usually from 98 to 99. Through the drainage tube which was introduced into the abdominal cavity there would come away masses of the colloid material which, as you may recollect, spread over all the abdominal viscera when the sac ruptured. This material would come out entirely independent of the injections.

Rectoceles.

Mrs. M., æt. 65, widow, has eleven children, the youngest 26 years old; has been four years sick, but within the last year has been slightly improved. Thought she had the gravel, but her physician informed her it was inflammation of the bladder. Ever since that time has periods of violent tenesmus, but on strong pressure is not able to void one drop. For the past five weeks has had piles, but has one passage nearly every day. However, when she forces herself to bear down, is unable to get anything to pass.

Vaginal Examination.—On making an examination of the external parts a tumor is discovered pressing down on the labiæ, but when the finger is carried up it passes this obstruction and the uterus is found in position. When the finger is carried into the rectum it curves back and passes into this tumor; thus it is a rectocele. This accounts for the fact that when the patient tries hard to move her bowels she fails, the faeces passing into this tumor. Again, when straining to make her water, this presses down and obstructs. I do not think she has spasm of the bladder, for spasm of the bladder is a most excruciating malady, causing much more pain than the patient here complains of. When the

urine is retained in the bladder, however, it undergoes decomposition.

Carbonate of ammonia is generated, which causes vesical catarrh, and my opinion is that the present cystitis is due to this rectocele, which presses down on the bladder and prevents it being completely evacuated.

Treatment.—The patient objects to an operation, she says that she is too old. The objection is valid at her time of life, for what is comparatively without risk in the young or those of full vigor is not so to the aged.

The next best thing to an operation would be an instrument shaped somewhat like a Cutter's pessary and arranged so as to press on the rectum. This would not give entire relief, but it might improve the bladder symptoms. If no benefit is derived then the operation must be reconsidered. It would be done, not by taking out a section of the rectum, but by removing a portion of the vagina posteriorly, bringing the edges together, and in this way brace up and contract the posterior wall, as is done to the anterior wall in cystocele.

Horse-Shoe Uterus.

L. B., æt. 25, married two years, sterile. Has been sick since she was 13 years old, with pains in side, back, and over the pubes. Has also the whites. When her courses come on complains of severe pain, particularly in her back and legs.

Vaginal Examination.—On making an examination with the finger the uterus is found perfectly movable, and at the side of it is a painful tumor, an ovary displaced and in a state of chronic inflammation.

This uterus is flexed doubly on itself. It is what Dr. Graily Hewitt has drawn special attention to as the Horse-Shoe Uterus.

A uterus may be flexed mainly in three ways. First, The diameter of the body may be changed from its normal position, whilst that of the cervix is normal. Second, The diameter of the cervix may, in like manner, be abnormal, whilst that of the body may be normal. Thirdly, Both diameters may be flexed, as we have in the present case. This is brought about by the anterior wall developing more rapidly than the posterior, and producing this state of things. There is another variety, but so rare that I hesitate in placing it before you. It is that form where the diameter of the cervix is turned one way whilst that of the body is in a different direction, giving it the appearance of the letter S. All flexions of the uterus may be reduced to these divisions. All are either reducible or irreducible. The reducible can be cured, but the irreducible can be benefited only by the knife. Irreducible are usually congenital, though sometimes they may be the result of disease.

The case before us is congenital. I think so from the fact that she has always been healthy, and because dysmenorrhœa appeared with menstruation.

Treatment.—This cannot be cured. Some think it can by means of a repositior which

passes into the uterus and rectifies the curves. I have found this to work more satisfactorily on the blackboard than at the bedside. But what is to be done for the patient before us?

If the cervix is divided posteriorly it will cause the os externum to approach the os internum, then by means of a pessary the uterus can be rectified in position and all obstruction removed. By this means the patient may become pregnant. What can be done for the diseased ovary? I know of no more hopeless disease. If the uterus discharged its functions properly the chances are we would have no symptoms connected with the ovary. We will see after the uterus is treated that possibly the ovary may improve. As far as operations are concerned, there is a good deal of prejudice against the knife, and I share it myself, for I believe there is a good deal of meddlesome surgery in gynecology, but there are conditions, as we have here, in which it cannot be dispensed with.

Ovarian Tumor.

I have two cases of abdominal tumors which I wish to bring before you. When you have been in practice and made as many mistakes as every ovariotomist does in the first ten years of his experience, you will appreciate the interest that he attaches to the subject of abdominal tumors.

S. N., æt. 44, one child 24 years old. Fifteen years ago noticed a tumor developing in the abdomen, which has continued up to the present time. There are a number of cases on record where men have cut through five inches of solid fat and found that the fat comprised the tumor. If it was fat this could be lifted up between the hands, but as you see only a small portion of the abdominal walls can be grasped.

When I spoke at length on abdominal tumors, some weeks ago, I told you there were some rarer conditions that I would not mention. I did not want to confuse you, I merely gave you the most prominent. To-day I shall refer to some others, more rare.

Elephantiasis of the Abdominal Wall.—This, though rare, does occur, but if it did there would be structural change of the skin, which does not exist here.

Hæmatocele.—Sometimes hæmatocele is quite large, but with it there is its special history, and it would not exist for such a long time; and, moreover, this tumor is distinctly fluid. A hæmatocele would be solid.

Fibrous Tumor of uterus would be hard; cedema of abdominal walls would exist, with cedema elsewhere in the connective tissue.

Renal Cyst.—A renal cyst occurs high up from its attachment to the kidneys.

Cyst in Broad Ligament would be low down. This is too high for the one and too low for the other.

Ovarian Cyst.—This is very slow in its growth for an ovarian cyst. The longest duration I have known one to have was nine years, whereas this is fifteen. But I think, for all, it is one of that class. There is a difference of

opinion in respect to the pathology of ovarian cysts, but the accepted view is that there are two distinct classes: monocysts and polycysts. A monocyst is a drop of one of the Graafian vesicles causing atrophy of the rest of the ovary. Polycysts, on the other hand, are a development of cysts in the stroma of the ovary. Polycysts contain a tenacious fluid resembling watery glue. Whereas monocysts have a clear albuminous fluid resembling water. From the slow growth and present size of this I think it is a monocyst.

[Dr. Thomas here took a hypodermic needle and penetrated the tumor; when it was withdrawn it proved that his diagnosis was correct, as the fluid was clear as water.] As the patient is doing so well there is no hurry for an operation. In case of an operation her chances are good. There would be no such prognosis if the tumor contained colloid or gelatinous matter.

MEDICAL SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.

DR. AUSTIN FLINT, PRESIDENT.

Transfusion, with Exhibition of Instrument for Direct Transfusing.

BY PROF. FORDYCE BARKER.

Dr. Barker said that he did not propose to read an exhaustive article on the subject of transfusion, but merely, at the request of the President, to occupy the attention of the fellows during the interim of election night.

The subject of transfusion has been long under consideration. It was known to the ancients. Ovid, in his works, describes two methods by which the old might be regenerated; one by injecting into the system blood, and the other by injecting the juices of herbs. Harvey, in the year 1666 or 1667, suggested it, and some years later it was done. Sir Christopher Wren also suggested it about the same time. Shortly after Lauer practiced it by injecting into one animal the blood taken from another. Douay, in France, also about the same time practiced it. From the success of Douay's experiments a large amount of enthusiasm was created, but from the many deaths that occurred, it was prohibited unless by express permission of the Faculty of Medicine, of Paris.

In 1685 it was again brought into vogue. Harwood bled an old horse to the last extremity, then injected into his veins blood from another horse. After the transfusion the horse that had been exsanguinated arose and began to feed. In 1819, Blundell, of London, performed numerous experiments. He devised instruments which I bought thirty years ago, but never have used them. His cases numbered six; for a time they improved, but eventually they died.

In 1859, Waller injected nine ounces into a patient, which resulted in complete recovery. This was by means of the indirect method. Martin, of Berlin, has published fifty-seven cases,

forty-five of which recovered. The cause of the exsanguination was post-partum hemorrhage. In 1864 Graily Hewitt and B. W. Richardson turned their attention to this matter, and in 1868 Braxton Hicks reported six cases. He suggested the addition of three grains of phosphate of soda to the pint of blood, to prevent coagulation. All of Hicks' cases died.

In New York, six cases have so far been reported, but none have proved successful; two of these occurred at Bellevue Hospital. In one, the cause of the anemia was hemorrhage, coming on after the removal of a polypus of the uterus. In the other it was due to post-partum hemorrhage. The method pursued was to receive the blood into a basin, defibrinate it, then inject it into the veins of the patient. The records of the cases have been mislaid, but in one of them the pulse was 130 before transfusing, but afterwards it sank to 100, and became stronger, but in forty-eight or fifty hours the patient died. The autopsy showed signs of Bright's disease.

Dr. A. H. Smith has reported a case in gastritis, and Dr. T. G. Thomas one in ovariectomy, but both died.

Dr. Barker said that he proposed to show to the fellows of the Society an instrument which had been devised by Dr. Aveling, for direct transfusion. This instrument is a Davidson's syringe in miniature, but without the valve; the ball contains from one to two drachms. With this syringe there are two tubes with stop-cocks, to be inserted into the veins. The method of using it is to cut down on the veins of donor and receiver, insert the tubes, and after having filled the instrument with warm water, connect the tubes. The absence of valves on the instrument are compensated by the use of the fingers. One hand serves to compress the syringe, the fingers of the other, by compressing the tube on each side of the bulb as required, forms a perfect valve. By means of this instrument an exact amount of blood can be transfused, and that in a direct way, without suffering it to undergo those changes which take place when it is exposed outside the vessels.

Transfusion by Means of a New Instrument.

Prof. Jos. W. Howe, of the University Medical College, has brought into use a new instrument for this purpose. With this he has so far had one successful case of transfusion. Prof. Howe's instrument is a slight modification of Droulay's Aspirator. The method of using it is, insert the needles of the instrument into the veins of donor and receiver, and by exhausting the instrument and pumping out, as in the ordinary way, transfer the living blood to the exsanguinated patient. He is at present experimenting at Charity Hospital upon different cases, and so far has obtained better results than as yet have been published in this country.

February 5th, 1874.

After the reading of the minutes the President nominated a committee to draw up appro-

priate resolutions respecting the death of Dr. Sewell, late member of the Academy.

Relation of the Skin to Pregnancy.

Dr. L. D. Bulkely read a lengthy paper on this subject, and pointed out, first, that lesions of the skin were not always local in their character, and that so-called local lesions were affected by conditions affecting the general system. He instanced the fact that ingesta frequently aggravated acne, and the effect of articles of diet in causing urticaria were well known. Disorders of menstruation also are found frequently to result in discoloration beneath the eyes, from deposit of pigment in the rete malpighi. Pregnancy also may cause eczema, psoriasis, herpes, acne, pemphigus, and particularly cloasma. Usually after delivery there results an improvement, if not a cure, but not always.

The main object of the paper, however, was to describe a skin disease occurring in a pregnant woman, of which there are only eight on record. It has been described as *pemphigus pruriginosus*, *herpes circinatus bullosus*, and *pemphigus gestationis*. Dr. B. proposed to adopt this latter term, as most descriptive of the disease. This began first as a papular then as a vesicular affection, and extended on through the whole of the pregnancy. Some time after delivery the disease left the patient, though it was slightly relieved during the last three months of utero-gestation. The cases previously recorded showed no benefit derived from treatment through the whole of the course, but Dr. Bulkely found that a solution containing tar and potassa, together with appropriate diet, proved of service through the last third of the pregnancy.

NEW YORK COUNTY MEDICAL SOCIETY.

DR. ELLSWORTH ELLIOTT, PRESIDENT.

(Adjourned Anniversary and Stated Meeting, November 24th, 1873.)

Dr. Ellsworth Elliott, the retiring President, and President elect, thanked the Society for the honor which had been again conferred upon him, in re-electing him to the honorable position of President. After reading the reports of the former meeting, the President called on Dr. Herman Knapp for his paper on

Ophthalmoscopic Optometry and Demonstration of a New Ophthalmoscope.

Dr. Knapp read an able paper on optometry, and presented a new ophthalmoscope for that purpose. The paper embraced the subject of measuring the interior of the orbit, and detecting the presence and depth of cavities, also the size of tumors. By this means they can readily be recognized, whether or not they are increasing in size. He reviewed the different ophthalmoscopes that have been produced. He referred in complimentary terms to Loring's ophthalmoscope, which consists of an ordinary mirror with a disc of lenses of different powers, revolving so that any of the powers may be brought into use by turning the disc.

His own consisted of two discs, one above and the other below the perforation of the mirror, so arranged, that by turning the discs a lens in either disc may be superimposed one on the other.

Dr. Noyes said that as Dr. Loring was present, and not a member of the Society, he would ask permission for him to be allowed to make a few remarks. This was granted.

Dr. Loring said that, for practical purposes, Liebreich's ophthalmoscope answered very well. But he objected to an instrument that would produce troublesome fractions, requiring either a set of tables or a mathematical calculation, to solve. He had modified his original instrument and presented the modification to the Society. The modification consisted in having, instead of one circle of lenses in the disc, several concentric circles, so arranged that elevating or lowering the disc any of them might be brought over the aperture in the mirror.

Dr. St. John Roosa, presented a modification of Loring's ophthalmoscope, presented at the last meeting of the International Ophthalmological Society, in London. Dr. Loring had been nearly entirely overlooked by the member who presented it, and the impression conveyed was that that gentleman was entitled to nearly all the credit, whereas it was nearly a perfect copy of Loring's instrument. Dr. Roosa obtained one in London, and exhibited it to the Society.

Dr. Noyes followed in some remarks on astigmatism and the difficulty sometimes found in detecting it when patients present themselves for glasses to correct vision.

January 26th, 1874.

Dr. Willard Parker, J. Marion Sims, G. M. Smith, John T. Metcalf and H. B. Sands, were appointed a committee to solicit subscriptions for a monument in Memphis, to the members of the medical profession who died during the prevalence of yellow fever in that city.

Dr. A. B. Judson read the annual report of the committee on diseases.

During the year ending December 31st, 1873, there were 29,054 deaths. During 1872, 32,647, and the average of the preceding five years 27,370.8.

Effects of Drainage on the Public Health.

Dr. Moreau Morris, ex-Sanitary Superintendent of the Health Department, New York, and

chairman of the Committee on Hygiene, presented the report of the committee appointed to reply to questions propounded by the State Medical Society's committee, as to the effects of drainage on the public health.

The report referred to a sewer built in Ninety-fifth street, which demonstrated the folly of building a sewer on marshy ground without first draining the marsh itself. Unscientific and ignorant contractors thought that to fill up a swamp or flat was sufficient to prevent it from breathing forth its death-dealing miasmatic spores. True, it for a time stopped the malaria from innovating itself into the atmosphere; but long pent up, it gathered strength, and when it did make its appearance, it came in a violent and virulent form. In specifying certain places, Dr. Morris' report stated that that part of the city west of Fifth avenue, from Twenty-third to Fifty-ninth street, was a meadow which had not been sub-drained. The district east of Second avenue, from Houston street to Twenty-third street, together with parts of the Fourth Sixth and Seventh wards, were in a similar condition. The following table, from the mortuary record, will convey an idea of the fatal results of this lack of proper drainage:—

	1871.	1872.	1873.
Remittent Fever,	165	193	164
Intermittent Fever,	110	111	86
Typhoid Fever,	12	22	19
Congestive Chills,	1	12	8

The report concluded with a description of how the work could be done, the difficulties to be met with in different localities in the city, the price of the improvement, and an estimate of the time it would take.

Dr. A. N. Bell, of Brooklyn, chairman of the Committee of the State Medical Society, expressed his gratification with Dr. Morris' paper. The committee had received twenty-four responses from county medical societies, and three or four reports have been made, while more are expected soon. Dr. Bell then went on to speak of drainage in Brooklyn, and in King's County, the condition of which, he said, was much worse than that of New York. In that county are over one hundred thousand acres of deficiently drained land, and careful investigation shows that one-fifth of the total mortality in the city of Brooklyn is due to defective drainage.

EDITORIAL DEPARTMENT.

PERISCOPE.

The "Spirilla" of Relapsing Fever.

This is the name given by the late lamented Dr. OBERMEIER to a peculiar body in the blood of patients affected with recur-

rent or relapsing fever. Dr. EWALD says, in a letter to the *Irish Hospital Gazette*, of Feb. 2:—

In the klinik of Professor Frerich's I have had the opportunity of assisting at some observations made by Dr. Engel on the recurrent fever "*Spirillen*," as Obermeier

finally named these organisms, which not only fully substantiated Dr. Obermeier's results, but also brought to light many new facts. Among others, that the *spirillen* in the serum of the blood of a person suffering from recurrent fever can be preserved an entire day, and their peculiar movements observed, when the blood has been removed during the feverish period of the attack. But that at the cessation of the attack—with one exception—even in the blood freshly taken from the patient, they were no longer to be found.

By the injection of such blood-serum containing lively *spirillen* into the veins of a dog, we could not excite any recurrent, or, indeed, any fever at all. We found, however, in glycerine, and in weak solutions of corrosive sublimate, a means by which the movements of these forms are prevented.

The dying out of the epidemic in June, 1873, towards the end of which month the typhoid character of the disease showed itself, and the fact that in numerous cases either no relapse at all, or only rudimentary second or third attacks followed the primary one, made it impossible for us to come to a satisfactory conclusion as to the therapeutic value of the substances employed.

The best method of looking for the *spirillen* in the blood is by acupuncture of the patient's finger, allowing a drop to flow out, to catch the next on the object-glass, and examine immediately with a power of about three to five hundred diameters. One can then see the objects in question, as remarkably fine, smooth, wavy threads, situated in the interspaces between the masses of blood corpuscles, when the drop of blood that was taken is not too large.

The pathological anatomy of relapsing fever has been further enriched concerning another important point. Dr. Ponfick, in addition to the infarctions of the spleen which he mentioned, has found similar infarctions in the medulla of the long bones, which here and there are distinctly wedge-shaped, and which must be referred to circumscribed vascular territories, which present here and there, and softened centres. Probably these foci are of embolic origin. If we compare the remarkable behavior of the *spirillen*, described by Engel and myself, which consists in their rolling together upon ceasing to move, in bundles of from ten to twenty threads, which are large enough to plug the calibre of a small capillary vessel, the idea is suggested that the "*Pfropfe*" of the above embolism might consist of such an aggregation of *spirillen*. A certain proof of this has not yet, however, been supplied.

Use of Turpentine in Pyæmia.

An instructive case is reported in the *Lancet*, from St. Leonard's Hospital, London, under the care of Dr. J. S. HOLDEN:—

The patient was a workman on the Great Eastern Railway, who sustained a severe laceration with fracture of two metacarpal bones, from the passage of a truck-wheel

over his hand. A few days after the necessary operation, in which an effort was made to save some of the fingers, gangrene set in, and a secondary operation was performed above the wrist. This was shortly followed by rigors, profuse sweats, sleeplessness, low delirium, subsultus, and stupor, the wound becoming sloughy and offensive. In spite of free stimulation the man was evidently rapidly sinking under the fatal disease, pyæmia. As a *dernier ressort*, half-drachm doses of turpentine were administered in egg emulsion every four hours. After the third dose it was discontinued, as a remarkable improvement had taken place: the pulse and the temperature had fallen, the consciousness had returned, and the patient took liberally of brandy and beef-tea. The favorable change was, however, of brief duration, as the day following all the asthenic symptoms reappeared, and the patient relapsed into a comatose condition. The turpentine was again had recourse to in the same doses, and with the same happy effect; but this time the improvement was permanent. All other dangers passed by, and the patient made an excellent recovery.

During the height of the attack the sound arm became much swollen and suspicious looking of purulent mischief. This subsided from the commencement of the turpentine treatment. No abscess formed. Under carbolic-oil dressings the wound granulated rapidly, and the man was soon able to be out.

That the antiseptic and stimulating effect of the turpentine was the means of rescuing this patient from a fatal disease seemed so apparent that it is worthy of a more extensive trial in hospitals where pyæmia so often adds to the mortality after operation.

The Treatment of Syphilis.

Prof. ZEISSL, of Vienna, gives his views in the *Wiener Med. Wochenschrift*. Various cases convinced him that expectant treatment was not suitable for the treatment of syphilides in hospital practice. He resolved to try iodine, and as the iodide was very dear he substituted the tincture of iodine, prescribing half a drachm to six ounces of water, and giving a tablespoonful night and morning. Most affections of the skin and mucous membranes, and changes in other textures consequent on syphilis, yielded to this treatment in from fourteen to forty-eight or fifty days. The pustular form offered most resistance, requiring mild doses of Zittmann's decoction. In severe linitis also mercurial frictions were employed in combination with the use of atropine.

From the various trials made, the conclusions arrived at were that preparations of iodine, under a suitable regimen, will disperse the early manifestations of syphilis, or so abate these that a small number of mercurial frictions complete the cure, which, not being followed by relapse, must be regarded as definitive. An early mercurial treatment will remove the initial symptoms

more rapidly than iodine, but the consecutive symptoms quickly yield to iodine. Affections of the mucous membrane of the mouth and pharynx yield much more rapidly to iodine than to mercury, requiring at most sometimes slight cauterization. Syphilis is always found more obstinate in yielding in pregnant women, especially when it is contracted at the time of impregnation; and the consecutive symptoms are usually only completely cured after the uterus has discharged its contents. The iodine has therefore always to be continued after delivery, and in some cases has to be supplemented by a few frictions. It is remarkable that the iodine-acne and coryza are of infinitely less frequent occurrence under the use of the tincture of iodine than under that of iodide of potassium.

Iodoform is of great utility as a local application in torpid syphilitic ulcers (especially in indolent bubo), hastening the cicatrization of these when this had not been accomplished or was too long delayed under the use of nitrate of silver. Given internally (in doses of two or three grains daily, made into pills, with extract of gentian or quassia), the iodoform is also very useful in syphilitic neuralgia.

New Suggestion for Plugging the Nostrils.

Dr. H. C. ROSE says, in a recent number of the *British Medical Journal*:—

Having lately had a severe case of epistaxis, which was obliged to be restrained by the old-fashioned plug of lint drawn into the posterior nares by means of a string passed through the nostrils, my attention has been directed to the subject. It occurred to me that if an elastic India-rubber bag could be introduced into the nose, and then either inflated with air or filled with iced water, all hemorrhage must inevitably be stopped.

I proceeded, therefore, to make an instrument in the following manner. I cut a No. 4 gum-elastic catheter into two equal lengths. At the end of one portion I made small holes by transfixing it with a needle heated to redness in a spirit lamp. These holes extended, at intervals of a quarter of an inch, for the length of about two and a half inches. Over this punctured portion I tied firmly in two places, first at the tip, and then again about three and a half inches nearer the handle, a soft India-rubber bag, so as to include between the two tied portions all the perforated part of the catheter. To the open end of this catheter I fixed a short piece of India-rubber tubing furnished with a small stopcock.

Mode of Using.—All the air having been let out of the bag by opening the stopcock and gently compressing the India rubber, somewhat after the manner of fastening an umbrella, the instrument is passed into the bleeding nostril. When it is coaxed so far that the end projects into the posterior nares, or as far as it can be, the nose of a small ball-syringe is applied to the mouth of the stopcock, and the bag is gently inflated while

the air is being propelled into it with the right hand. The short piece of India-rubber tubing attached to the stopcock is compressed with the thumb and finger of the left hand at the right moment to prevent the air from passing out again; and then with the right hand the stopcock is turned. By this means the inflated bag is made to fill all the inequalities of the nasal cavity, and a painless and perfect plug results. Should it be deemed advisable, iced water may be used instead of air. It may be found in practice necessary to have a thicker tissue for the bag, or even to use two, one over the other, to prevent bursting with the pressure employed, which, however, need not be great. Should it be found necessary to make the instrument stiffer while it is being passed through the nostril, the ordinary wire stilette may be introduced through the open stopcock. Each instrument should be accompanied by several supernumerary bags; and, before using the instrument, it should be dipped into warm water, to increase the elasticity of the India rubber.

On Venesection in Eclampsia.

From a paper by Dr. John Boyd, before the Obstetrical Society of Edinburgh, published in the *Edinburgh Medical Journal*, January, 1874, we extract as follows:—

If a marked and permanent improvement in the condition of the sufferer is observed to commence from the moment that the operation of venesection was completed, what other *raison d'être* could be adduced in behalf of the adoption of any therapeutic means, drug, or implement? I may express myself thus forcibly in behalf of a remedy which, in a vast number of the maladies with which we have to cope, is the primary element of rational and successful practice, a remedy which, in these latter days, has fallen too much into desuetude for the benefit of our patients, the primary object of our art. And this remark applies more especially to the rising generation of medical practitioners, who seem afflicted with a wide-spread hæmophobia, leading in acute cases to an expectant or rather aqua-lactal mode of treatment, the results of which redound very little to their credit, or to that of the medical art as exercised by them.

The removal of the hair is indispensably necessary in every circumstance of severe affection of the cerebrum, not only permitting the effective use of cold applications, but seeming to shut off a demand for capillary circulation in the scalp, which must tend to moderate the head congestion.

The same indication was fulfilled by the purgative powder and enema. The latter, in most cases, can be readily applied, but with the former there is, very generally, much difficulty in its introduction. The subsequent benefit, however, renders it well worth persevering and varied efforts on the part of the medical attendant to secure the object in view.

Dr. Simpson observed that the point the

author seemed to lay most stress on was the advisability of blood-letting in eclampsia. He (Dr. S.) believed that it was valuable only in such cases where there was evidence of a large amount of blood being in the system, and where labor was near an end. The amount of blood-pressure in the cerebral vessels was thus temporarily reduced, but the blood withdrawn was soon replaced by a more watery fluid, which would bring back the pressure symptoms, unless the whole labor was speedily terminated. He thought Dr. Boyd had done what was best for his patient, who was evidently a plethoric young woman, with a full strong pulse.

Dr. Pattison remarked that in his younger days he had seen and bled in many such cases. Now he would depend more on chloroform than any other agent, and would only bleed if the patient was young, strong and muscular.

Hygienic Rules for Persons Liable to Heart Disease.

Dr. Péter, of the Hospital St. Antoine, Paris, gives some excellent advice to persons suffering from or threatened with heart disease. As these complaints are sadly and increasingly frequent in this country we transfer his remarks, as given in the London *Medical Record*, to our columns. He says:—

Avoid everything which can stimulate the heart to excess, either physically or mentally; follow a good dietetic regimen, tonic and reparative, without being exciting; avoid anemia; keep up the strength of the heart and of the great vessels. Children should be ordered to take moderate exercise and use cold water to the skin; later on, the choice of a profession should be made which would neither entail too sedentary, nor too active and exciting a life.

To the young man, M. Péter recommends marriage; but to young women, on the contrary, marriage is dangerous, and pregnancy a peril to be dreaded.

The excesses of the table are always troublesome, particularly in the case of aortic lesions. The food should not be of too exciting a nature; but when the patient has reached the congestive stage, or even more, the dropsical, a kind of dry diet becomes necessary, so as not to augment by the immoderate ingestion of liquids the mass of blood to be moved, and to comfort the heart and vessels. Therefore, no soups or broths should be given, but rather very underdone or even raw meat, seasoned with pickles. If there be anorexia, eggs in all forms, fish, Bourdeaux mixed with a little ferruginous water, and a small quantity of coffee without milk, at the end of the meal, should form the diet. It is necessary that the invalid should have free action of the bowels every day; he must avoid alcoholic excesses, and it is also necessary to prohibit smoking, especially in the form of cigarettes. The patient ought even to avoid frequenting places where there is too much smoke. Coffee taken in large quantities, as well as tea, must also be prohibited. Venereal ex-

cesses are to be avoided. The sudden change of temperature occasioned by taking too warm baths, frequenting ball-rooms and theatres, is particularly to be dreaded by sufferers from cardiac disorders.

It is better to live in a valley, where the atmosphere is not humid, and which is sheltered from high winds, than on a mountain, in consequence of the greater pressure, and the more considerable density of the air.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We understand that Dr. WINBORN LAWTON, of Charleston, S. C., is engaged upon a "*Medical Geography of the United States of America*," a work much needed.

—"The Journal of Health" is the title of a new periodical edited by Dr. J. W. BLACKBURN, St. Joseph, Mo. Its *raison d'être*, so far as we can see, is to bring into notice the Eye and Ear Infirmary of that city.

—The following work may be interesting to psychologists: "*Sermons for the Insane*." Being a volume of twenty-six original discourses by distinguished Church dignitaries and clergymen. Each address is short. A controversial tone has been studiously avoided, and no sectarian doctrines have found a place in either of the Discourses. Edited by W. Hyslop, Esq., Proprietor of the Private Lunatic Asylum for Gentlemen."

—A series of small pamphlets have been issued by the Health-Lift Company, of New York. They bear such titles as "The Stomach; its Function and Hygiene;" "Back-ache; its Causes and Cure;" "Cumulative Exercise; its Theory and Practice;" "The Health-Lift Reduced to a Science," etc. Of all these, and the plan of physical exercise they advocate, we have no unfriendly opinion, but any one who examines the tracts mentioned and tries the Lift, without prejudice, will find its claims overstated. It is but one of many excellent methods of physical culture, and can lay no just claim to superiority over the judicious use of the other fixtures of a well ordered gymnasium.

—The receipt of the following monographs is acknowledged:—

"Relations of Colorado to Pulmonary Con-

sumption." By Thomas E. Massey, A.M., M.D.

"The Powers and Undeveloped Resources of the Philadelphia County Medical Society." By Dr. William L. Knight, late President. Published by the Society.

"Pruritus Hiemalis, an Undescribed Form of Pruritus." By Louis A. Duhring, M.D.

"An Essay on Catarrh and its Relation to Throat and Lung Diseases." By Walter M. Fleming, M.D., of New York City.

"Galvano-Therapeutics; a revised reprint of a Report made to the Illinois State Medical Society." By David Prince, M.D., of Jacksonville, Ill.

"The Larynx the Source of Vowel Sounds." By Thomas Brian Gunning, of New York.

"Formulas for Elixirs" adopted by the American Pharmaceutical Association, and recommended to be used by physicians and pharmacutists.

"The Physiology of Sleep." By E. P. Hurd, M.D., of Newburyport. This is an able summary of the most modern explanations of the phenomenon it deals with, and is evidently the work of a philosophical thinker.

—The following catalogues, etc., have come to hand:—

"Seventh Annual Report of the Home for Incurables." Fordham, New York.

"Eleventh Annual Announcement of the New York Medical College and Hospital for Women."

"Forty-first Annual Report of the Pennsylvania Institution for the Blind."

"Statement in the Trustees of the Pennsylvania State Lunatic Hospital."

"A Plea for the Insane of the Prisons and Poor Houses of Pennsylvania."

BOOK NOTICES.

An Introduction to Physical Measurement, with Appendices on Absolute Electrical Measurement, etc. By Dr. F. KOHL-RAUSCH, Professor at Darmstadt, etc. Translated from the Second German Edition, By THOMAS HUTCHINSON WALLER, B.A., B.Sc., and HENRY RICHARDSON PROCTOR, F.C.S. New York, D. Appleton & Co., 1874. 1 vol. cloth, 8vo, pp. 249.

The advance in accurate knowledge is to

be estimated by the success achieved in reducing the expressions of physical phenomena to mathematical formulæ. The next higher step is to translate the formulæ thus obtained into terms of another class of measurements, thus demonstrating the unity of the infinitely varied phenomenal world. The work before us is occupied with the former of these problems, and the only regret we have experienced in examining it is that the translators and author have omitted any satisfactory statement of the second. It treats of the methods of determining the quantity and moduli of density, heat, elasticity, light, electricity, magnetism, and galvanism. What we should like to see added would be, for example, a chapter on the methods of expressing any one of these forms of motion in terms of the others. The methods given are very carefully selected, and the least errors are carefully noted. The greatest interest just now attaches to the determination of the electrical unit, a matter ably discussed in the appendix. A large number of valuable tables are included in the work.

Transactions of the Twenty-third Anniversary Meeting of the Illinois State Medical Society, held at Bloomington, May 20th and 21st, 1873. Chicago, 1873. pp. 268.

Transactions of the South Carolina Medical Association. Annual Session, 1873. Charleston, 1873. pp. 94.

The Illinois *Transactions* contain a number of reports from different physicians in the State, among which we may single out as more notable the Report on the Treatment of Fractures in Illinois, by Dr. J. B. HAMILTON, compiled with a great deal of care and illustrated with views of the dressing for fracture of the clavicle devised by Dr. E. M. MOORE; on Intra-ocular Tumors, by Dr. E. M. HOLMES; on the Treatment of Amaurosis with Strychnia, by Dr. F. C. HOTZ; an Address on the Progress of Civilization, by Dr. GEO. T. ALLEN; a very carefully prepared Report on Galvano-Therapeutics, by Dr. DAVID PRINCE, of Jacksonville, about fifty pages in length; on the Hygienic Management of Children, by Dr. N. S. DAVIS, and others.

The volume from South Carolina, though much smaller in size, has excellent stuff in it. There are eight papers added to the Proceedings, in the form of an Appendix.

The first is the address by the President, Dr. JOHN T. DARBY, on the Progress of Medicine in the last Half Century. Next, Prof. C. U. SHEPARD, Jr., shows the Poisonous action of Sulphurous Acid, as contained in fumes from super-phosphate factories on vegetation. Cerebro-spinal Meningitis is described by Dr. JAMES MCINTOSH and Dr. J. C. MAXWELL, the latter of whom details the symptoms of an attack experienced in his own person. Dr. A. P. WYLIE has a very good article on hypodermic medication; and Professor FRANCIS L. PARKER recites a number of instances of the subcutaneous employment of strychnia in amaurosis and amblyopia. The last paper is on cotton as a dressing for wounds, by Dr. JOHN L. ANCRUM, which is certainly not so novel as the writer seems to think, as Stillé tells us that it was used for this purpose in the very earliest ages of history.

On Diseases of the Chest: Being Contributions to their Clinical History, Pathology and Treatment. By A. T. H. WATERS, M.D. Lecturer at the Royal Infirmary School of Medicine, Liverpool, etc. Second Edition. Revised and Enlarged. Philadelphia, Lindsay & Blakiston, 1874. 1 vol. cloth, 8vo, pp. 431. Price \$5.00.

This volume will be found a very interesting contribution to our knowledge of thoracic diseases. It embraces diseases of the lungs and heart. Of the former it is especially full on pneumonia and emphysema; of the latter, on thoracic aneurism and chronic valvular disease. The author states his chief aim to be to "illustrate the application of therapeutics to thoracic affections by details of cases," and he does this in a most instructive manner. In pneumonia, while generally friendly to the use of stimulants, he by no means invariably uses them. The last two chapters of the book, "On the Use of Hydrate of Chloral in certain Diseases of the Chest," and "On the Use of Alcoholic Stimulants," are masterly contributions to therapeutics. The pathology of the diseases in question is carefully reviewed, and new and striking views on some of the topics advanced. A number of illustrations, taken from actual specimens, add much to the interest of this part of the work. Sixteen figures are given to bear out the author's theories. In every respect the book will repay careful study.

The Nature of Gunshot Wounds of the Abdomen, and their Treatment; based on a review of the case of the late James Fisk, Jr., in its Medico-Legal aspects. By EUGENE PEUGNET, M.D. etc. New York, William Wood & Co., 1874. 1 vol. cloth, 8vo, pp. 96.

The displeasing exhibition of professional jealousy and surgical shortcomings in the case of James Fisk, Jr., was commented upon by this and other medical journals, at the time, in terms of profound regret. It was, therefore, an excellent idea on the part of Dr. PEUGNET to give the whole case a thorough and impartial review, after the bitter personal feelings of the moment had subsided. His conclusion is that Fisk died from the rash and excessive administration of morphine; that the wound he received was not necessarily fatal; yet that in law Stokes was guilty of murder in the first degree. These points we think he establishes beyond much reasonable doubt; at least, they are highly probable.

Less interest attaches to the particular case commented on than to the general necessity of an improvement in coroner's inquest and expert testimony, brought out in strong light by the author. These recommendations should not go unheeded, and it is to be hoped that both in New York and other States active efforts to bring about such changes will be made early.

Second Biennial Report of the State Board of Health of California, for the years 1871, 1872 and 1873. Sacramento, 1873. pp. 235.

In spite of a certain amount of padding, a fault we had to find with the previous Report of this Board also, every one interested in State medicine will find very much in this volume to commend it to his attention. The descriptions of the health resorts of the State are full and somewhat accurate, though colored by a visible *amor loci*. The Report on intoxicating liquors, by Dr. HENRY GIBBONS, Sr., recommends "the principle of prohibition as the only effectual basis of jurisprudence," diverging here widely from the views expressed by the Massachusetts Board of Health. Security in mines, the dysentery endemic in San Joaquin Valley, the medical geography of the Los Angeles country, and the filthiness of the Chinese, are local topics which are treated with care.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 28, 1874.

D. G. BRINTON, M.D., Editor.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE REPORT OF THE SURGEON GENERAL.

The Annual Report of the Surgeon General, U. S. A., has been on our table some time, and perhaps we ought to excuse our delay in not noticing its contents ere this. The large number of physicians who passed one or several years in military service during the civil war still find a pleasure in looking over the returns of sick and wounded, and the other statistics which these annual Reports contain.

The total number of deaths reported was, for the white troops, 17 per 1000, and for the colored troops 21 per 1000 of mean strength. The mortality of the latter was not only greater in proportion to number, but also in proportion to the sickness reported, the average number of white soldiers constantly on sick report being 49 per 1000 of mean strength, while of the colored it was but 43 per 1000.

The work performed in the Record and Pension division was enormous. The inquiries in this department refer chiefly to the cause of death or discharge of dead or disabled soldiers, with a view to obtain pensions for themselves or their heirs.

Search was made and replies furnished to the proper authorities in nineteen thousand eight hundred and seventy-five of these cases, viz: thirteen thousand four hundred and twenty-two to the Commissioner of Pensions, six thousand and five to the Adjutant General of the Army, and four hundred and forty-eight to miscellaneous applicants, leaving one thousand five hundred and fifty-three unsearched cases on hand on the 30th of June, 1873.

The Army Medical Museum continues to increase in size and importance. Nearly a thousand new specimens were added to its various sections, and during the year 22,560 visitors registered their names.

Of the first part of the *Medical and Surgical History of the War*, 1870 copies were issued by the office. The demand for the

work has been very great, and the number of copies placed at the disposal of the office proved insufficient to supply those who, as ex-medical officers, having rendered satisfactory service through the war, may be considered as properly entitled to it. The second part of the work is now going through the press as rapidly as possible.

The interest felt by the medical profession of the country in the attempt to establish a National Medical Library worthy of the name, in connection with the Army Medical Museum, has steadily increased, as shown by letters received and by numerous presentations of books and pamphlets during the year. The Library now contains about 25,000 volumes and 15,000 pamphlets, and although still very incomplete when compared with similar national collections in Europe, is at present the largest in this country. A new catalogue is now being printed, which will, it is believed, be a valuable contribution to medical bibliography.

In closing the Surgeon General repeats his warnings, already given in previous reports, that very serious and increasing injury has resulted to the service from the continual prohibition of appointments and promotions in the Medical Corps. The inducements of pay and rank, as at present established, are not sufficient to make the service attractive or remunerative to physicians already engaged in practice, and talented young men are loth to enter a career which holds out so few opportunities of distinguishing themselves, or even receiving a fair recompense for their labor.

THE SIAMESE TWINS.

In the REPORTER for February 7th we mentioned the death of the Siamese Twins, and the observations of Dr. HOLLINGSWORTH, who had been their attendant physician. In the previous number (January 31st) we had stated that Dr. PANCOAST, of this city, requested the Mayor of Philadelphia to telegraph the Mayor of Greensboro,

asking for an examination of the bodies. No satisfactory reply being obtained it was decided by a small party of physicians to request Drs. W. H. PANCOAST and HARRISON ALLEN to visit the residence of the twins, and if possible obtain their bodies.

This excellent suggestion was promptly carried out. The parties, as was expected, met with opposition from the family of the twins, but succeeded in obtaining the consent of the wives and children to bring the bodies to this city. A less expected opposition was here attempted by some presumably slighted members of the medical profession, who at once accused the physicians mentioned of an "itch for notoriety," and loudly and soundly abused them in the columns of a medical journal published in Philadelphia.

The examination of the bodies was conducted at the College of Physicians, February 18th, by Drs. PANCOAST and ALLEN. They were pronounced to belong to that species of monstrosities technically called *Omphelopagus Xiphodidymus*.

The band which united them was four inches long and eight inches in circumference. Professes of the peritoneum ran up to the median line of this band, but there was a complete separation of the peritoneal cavities at this line. The hypogastric arteries under the anterior walls of the abdomen distributed branches from each body into the band. The ensiform appendices of the sternum were united in the median line by a continuity of cartilaginous structure, but not by any true articulation. A vascular connection between the two bodies was demonstrated by injecting colored plaster into the portal circulation of Chang, which appeared in the portal circulation of Eng. The track of this injection passed beneath the peritoneal prolongation of Chang, and above that of Eng; and although little parenchymatous structure was present, no reasonable doubt existed but that the communication between the two circulatory

systems was quite free. Doubtless the peritoneal pouches referred to contained, when in the fetal condition, true liver tissue, which, in process of growth, diminished and retracted, so as to leave the pouches empty.

The physical condition of the twins was contrasted. Eng was well nourished, while Chang was emaciated. It was the opinion of Dr. Allen that Chang died of cerebral clot, and Eng probably of fright.

The band itself was composed of interlacing muscular and aponeurotic fibres passing across the median line and inserted into the ensiform cartilage of the opposite twin.

Such is a brief description of the nature of the connecting band of the twins. It shows that while a separation in life would not have been necessarily fatal, it would have been extremely perilous, and they did wisely in refusing to submit to it.

Doubtless a full and accurate anatomical description will be published by the gentlemen commissioned to pursue the investigation. This we shall duly notice at its appearance and give our readers the most noteworthy results. As for the coarse and faulty woodcuts given in the daily papers, and even in a medical contemporary, they are not worth reproducing in these columns.

NOTES AND COMMENTS.

Therapeutical Notes.

ICE-WATER INJECTIONS IN DYSENTERY.

Dr. Bodo Wenzel relates, in the Berlin *Klinische Wochenschrift*, that for two years he has been surgeon on an emigrant ship from Hamburg to New Orleans and New York. In this time numerous cases of acute dysentery, often very severe, have presented themselves. After the usual experience with the usual remedies, he has discarded them all, and now employs no other medication than *cnemata of ice-water*, every two hours. These control the worst cases of tenesmus and hemorrhage in the most surprising and gratifying manner, and since he has tried this plan he has never

failed of success. Occasionally he adds small doses of opium, but generally gives no internal medication whatever.

TREATMENT OF INTUSSUSCEPTION.

Dr. Libur, in the *Gazetta Medica Italiana*, No. 28, 1873, describes as a new plan of treatment in intussusception, the injection first of bicarbonate of soda, and then of tartaric acid. This method was described in the *MEDICAL AND SURGICAL REPORTER* long ago. See Vol. XXIII, p. 539, 1870.

VALERIANIC ETHER IN NECROSIS.

A valerianic ether is recommended by Dr. Wade, in the *British Medical Journal*, as valuable in neuralgia and neurotic affections. It is more palatable than other forms of valerian, and not liable to produce nausea.

BROMIDE OF CALCIUM IN SYPHILITIC NEURALGIA.

This remedy has been lately strongly recommended by Dr. Hammond, of New York (*American Journal of Syphilography*, p. 307), in the above disorder. He has found it succeed in removing the pain when iodide of potassium and mercury have completely failed. The dose used was from fifteen to twenty grains three times a day; and he generally orders an ounce to be dissolved in four ounces of water, and a teaspoonful to be taken in the morning and at midday, and two teaspoonfuls at night. In three cases a cure resulted in from seven to twenty days, while the general health improved concurrently, and in no case did the pain return. As we recently stated these results have not been obtained by others.

TREATMENT OF HEADACHE.

Dr. C. C. Vanderbeek says, in the *New Jersey Medical Society Transactions*, that he has had great success in treating headache with the following:—

R. Fld. ext. ergotæ,
 Fld. ext. valerian, aa.

Sig. Thirty drops every half hour until relieved.

Two or three doses are usually sufficient.

GONORRHOEA TREATED BY BROMIDE OF POTASSIUM.

Dr. Martin-Damourette has been very successful with bromide of potassium in certain cases of gonorrhoea. In one instance of recent blennorrhagia attended by most painful erections, the bromide was administered for the purpose of abating the pain and erections, in gradually increasing doses

of from half a drachm to eighty grains daily, and the patient was quite well in a week. In two other cases Dr. Martin-Damourette was equally successful in twelve days, after the daily administration of one drachm of bromide of potassium with one drachm of tincture of digitalis.

GNORRHEA TREATED BY CHLORAL.

An Italian surgeon, Dr. Parona, has made an extended trial of chloral as an injection, both in the gonorrhoea of men and in vaginal blenorragia, and speaks of its value as a sedative and also as an astringent. He first tried it in 1870. The strength of the injection is one gramme or one gramme and a half of chloral to 100 grammes of water. A two per cent. solution is too irritating, and is rarely tolerated. The injection is used three times a day, and retained as long as possible. The best time to commence it is when the acute symptoms are subsiding, and it then not only relieves the pain and distress on passing water, but also removes the discharge.

STRYCHNIA IN RETENTION OF URINE.

When retention of urine follows in consequence of over-distention and atony of the walls of the bladder, Mr. N. C. Wilson, of Doncaster, recommends strychnia. He claims very gratifying success.

FROSTED FEET AND CHILBLAINS.

The *Repertoire de Pharmacie* recommends one ounce of tannic acid dissolved in about a pint of water, and four scruples of iodine in a sufficiency of concentrated alcohol. The two solutions are then mixed together, and enough water is added to make up two pints of fluid. The best time for using the remedy is on going to bed. The solution is placed on a slow fire in an earthen or china vessel; the part affected with chilblains is then introduced into the fluid, and is to be kept there until the liquid becomes too hot to be borne. The part is then to be withdrawn, and to be dried by being kept near the fire.

PHYSOSTIGMA IN GENERAL PARALYSIS.

Dr. Fothergill relates the history of two cases of general paralysis in which a cure resulted from the use of the extract of physostigma. Dr. Fothergill remarked that physostigma not only lowers the activity of the cardiac ganglia, but also renders them very susceptible to extrinsic impressions. Dr. Forbes, at Shoreditch, has found the bean useful in the treatment of acute mania

in its earliest stage. Both aconite and physostigma have powerful antidotes, belladonna and physostigma being antidotal, and digitalis and aconite.

THE DOSE OF DIGITALIS.

The eminent investigator, Dr. John Harley, in a recent letter says, "I have used digitalis extensively, and have given it in powder, juice, and as tincture, in full physiological doses. I have given half an ounce of the tincture at one time, and have long ago satisfied myself that this is a dangerous dose, and that the use of digitalis in large doses is a dangerous practice; and I feel assured that it would be a matter of serious consequence if the British *Pharmacopœia* sanctioned the use of large doses of this drug. Hemlock and digitalis are widely different in their effects. To paralyze the voluntary muscles for an hour or two is one thing, and to paralyze the heart for a minute is another."

PHELLANDRIUM AQUATICUM.

Dr. Daupley called the attention of the Society of Therapeutics, Paris, to the use of this agent, which had been tested for over twenty years, but had been excluded from practice in a great measure, owing to new remedies. He had obtained most unequivocal proofs of its utility. Its general results are as follows:—

1. It calms pain and nervous agitations without necessarily causing sleep.
2. It soothes spasms, or erythsm.
3. It quiets the circulation, and thus lowers the temperature and reduces a hard and frequent pulse.

It appears to be intermediate in action between opium and digitalis. Trousseau states that in phthisis it calms the cough, reduces pain, and moderates the inflammatory symptoms of the early stages.

It diminishes also the irritating cough of acute bronchitis.

"Consistency, Thou Art a Jewel."

The number of the *Philadelphia Medical Times*, for February 19, 1874, is headed in large capitals,

"SIAMESE TWINS NUMBER."

It contains everything useful and useless that in a very brief time could be raked together on the general subject of monsters, and many copies were given away for notice in the secular papers.

The immediately preceding number, Feb.

14, p. 314, contains the following shriek for virtue, on the part of the editor:—

"If Siamese twins are to be made the platform for advertising only less monstrous than the subject which affords its pretext, if the itch for notoriety can't be cured by a counsel of brethren," etc.

We do hope that after this self-stultification and astonishing tergiversation on the part of that Journal, we may be spared hereafter, at least, the hypocritical bespattering of physicians' reputations which has characterized its pages of late.

Gonorrhoeal Affection of the Larynx.

In the *Gazette des Hôpitaux*, No. 186, 1873, Dr. Liebermann describes a case of metastasis of gonorrhoea to the articulations of the larynx. The discharge suddenly ceased and rheumatic pains were felt in the shoulder and ankles; in three days these disappeared and were supplemented by severe pains in the throat and complete aphonia. No local change could be perceived, and after careful consideration of all the points of the case, the diagnosis was blenorhagic arthritis of the aryteno-cricoid articulation. The four points upon which this was based were, first, pain in the laryngeal region increased on pressure; second, circumscribed redness and swelling of the mucous membrane; third, partial elevation of one cartilage and fluctuation, and fourth, those symptoms following a suddenly suppressed gonorrhoea.

Better Rules for Diet.

Some old-fashioned health adviser tells us we should always "leave the table slightly hungry." Very different is the wiser and more agreeable modern injunction. The eminent Dr. Max Von Pettenkofer, of Munich, says in a recent lecture:—

"It is only a short time ago that it was customary in physiology to speak of a superfluous or luxurious consumption. According to certain physiologists, as long as the body is able to perform its functions, even though suffering from hunger, to take more food was luxury. But Bischoff and Voit fully demonstrate by their experiments on nutrition that the result of a nourishment so restricted is a state of want, a continual famine, incompatible, in the long run, with the normal conditions of life. The body has need of a certain well-being, of a small excess of nourishment, in order to

preserve its strength and vigor. What just prevents death from hunger is not sufficient. It is as if we were to restrain the organism from producing any more heat than suffices to prevent death from cold, under pretext that all beyond this limit was superfluous and luxury."

The Law of Malpractice.

Legislation in regard to the physician's responsibility is in a vague condition in most States. The Northeastern Ohio Medical Association, at its late meeting in Akron, received from a committee, the chairman of which was Dr. Slusser, of Canton, a draft of a bill to be passed by the Legislature, requiring:—

1st. That in every case of malpractice the question shall be referred to a board of three medical men; one to be chosen by the patient or his or her next friend, one by the surgeon charged with malpractice, and these two shall make choice of an umpire.

2d. That it shall be the duty of these three arbitrators, after hearing the testimony on both sides, to give the written opinion of the majority to the contestants in the case. If this opinion be adverse to the charge of malpractice, and the plaintiff shall still proceed to an action at law, that then he be required to give bail for the costs, and in the event of a failure to establish his case, he may be made to answer in damages to the defendant for his loss of time and expense incurred in the defence.

Such an act would be a decided advance in the status of the matter as it now is.

The Use of Opium in China.

The increase of opium eating in China is very great. Its culture has rapidly extended, besides the heavy importations from India. It is now the most profitable crop that can be raised. With regard to the quality of the opium produced in China, the statement may be truthfully made that it has not improved; but, on the other hand, this advantage is claimed for the Chinese drug: the habit of smoking it may be thrown off comparatively easily, and that its use is much less injurious than that of the foreign article. It may be mentioned that opium-smoking is not allowed among certain classes. Thus, visitors are generally much struck with the fine appearance of the soldiers at Tientsin, and the heartiness with which they work; the reason being as

cribed to the fact that opium-smoking is not allowed in the camp, and that the men are strictly watched. The punishment for breaking the rules is slitting or excision of the upper lip for the first offence, and decapitation for the second; and thus we find the anomaly that in one part of the empire the magistracy derive a large income from permitting a practice which, in another part, is punished by the severest of all penalties, viz., death.

An Ophiological Congress.

It is said that Dr. Shortt, of Madras, meditates a voyage to Australia, taking with him a stock of live cobras, to give Professor Halford an opportunity of testing the value of ammonia as an antidote. A writer in the *London Medical Times and Gazette* proposes an Ophiological Congress, consisting of Fayer, Shortt, Nicholson, Weir Mitchell, and Fayer's Calcutta assistants, with a select body of experimental physiologists, for the authoritative settlement of various questions. Its sittings would be very attractive.

On Blue Sweating.

Two cases of this strange disease are recorded in the *Dublin Medical Journal* for January, 1874. Its technical name is "blue chromidrosis" or "cyanidrosis." Both patients were young unmarried ladies, of nervous temperament, and the blue exudation was always increased by excitement or agitation of mind. Disappointment in love was the exciting cause in one instance; in the other mental overwork. One case continued six months, the other a year. The blue coloring matter in the perspiration seems to have been the protophosphate of iron. Treatment availed little.

The Language of Idiots.

Dr. W. W. Ireland makes the following interesting observation in a recent lecture on Idiocy:—

A singular analogy may be found between the aberrations of idiots from common speech, and those which time has brought about amongst peoples who once spoke a common dialect, as in the Aryan and Semitic families, each from a separate *Ursprache*, and the better-known example of the derivation or corruption of the different Romance languages from the Latin. It appears, as Max Müller argues, that in the end we must

come to a physical explanation in the structure of the organs of speech. Certain races prefer certain sounds, because they can utter them more easily; and this must be referable to a facultative difference of nervous or muscular energy, giving greater or less power to particular muscles, so that some modifications of the expelled air of the chest are more easily made than others by the majority, and consequently such-and-such a pronunciation is preferred. In this way whole nations have given up using sounds common in the language of others, just as idiots avoid or cannot pronounce certain sounds.

CORRESPONDENCE.

A Case of Insanity from Syphilis.

ED. MED. AND SURG. REPORTER:—

The history is simply that of syphilis, of two years' standing (occurring in a previously healthy man), not receiving proper management, owing to failure on his part to consult his physician regularly, or carefully follow directions when obtained.

Patrick B., set. 25, native of Ireland, of previous good health, applied September 18th, 1871, for medical advice. An examination disclosed two chancres on prepuce and glans penis. Prescribed pills hydrarg-protiodide, $\frac{1}{4}$ gr., every three hours, thoroughly cauterizing locally. Having to leave home at this time for a few weeks, he was placed under the care of another practitioner. On returning, found him already suffering from constitutional manifestations. The sores had healed naturally without a bubo, though enlargement of the chain of lymphatic glands was marked. During my absence he began the free use of alcoholics (having formerly been very temperate in habit), and failed either to take remedies left with him or consult a physician. There was a herpetic eruption on scalp, face and neck, followed by ulcerative pharyngitis; also similar condition of tongue. Trying, as far as possible, to correct his habits, the general and local measures were resumed. For a time he co-operated faithfully in taking remedies and advice, improving sufficiently to resume his occupation, that of a day laborer, which he continued steadily to do till the past fall (1873), although troubled considerably with neuralgic pains in bones, particularly at night, and some cutaneous symptoms; but what was most marked, within the past year decided indications of insanity have appeared, beginning with strange feelings in the head, prompting him to do violence to others, often his friends, under the impression they intend him bodily harm, until he finally became so quarrelsome and dangerous, it was found necessary to remove him to an asylum.

In addition to the delusion mentioned, he had a greatly exaggerated idea of his attractions to the opposite sex, leading to indecencies, thus alternating between acute mania and dementia.

No hesitancy is experienced in attributing this mental condition to syphilis, as no hereditary tendency to insanity exists, as attested by his brothers, who are known to me as reliable men. The use of stimulants as a possible cause is alone worth considering; although they were used when at hand to excess, want of funds at times, and inability to obtain them (stimulants) at others, together with the direct statement of his employer, render it an improbable cause. As the number of reported cases of insanity from syphilis is at least limited, the history of this one is given, as it seems to me properly classed among them.

F. H. ROOF, M. D.
Clifton Springs, N. Y., Jan. 19th, 1874.

Syphilography and Syphilopathy.

ED. MED. AND SURG. REPORTER:—

IN THE MEDICAL AND SURGICAL REPORTER of January 17th, 1874, fol. 61, under "Notes and Comments," caption "Syphilography," I notice that you quote from the *British Medical Journal*, as something original, the views of Dr. Sisson, stating, "The manifestations of syphilis are very irregular; the graphic description of writers on the subject are untrue, and consequently misleading. Let the objectionable terms *secondary* and *tertiary* be abolished. Call the exordial sore *chancre*, hard or soft, as the case may be, and the resulting phenomena *constitutional syphilis* or *syphilis*, simply."

Feeling that you are ever ready to do justice to an old subscriber and contributor, I respectfully call your attention to an article from my pen, written for your journal in 1867-68, "On the Causes and Nature of Syphilis." Another paper from the author, published about 1868, written for the *Memphis Medical Journal*, titled "*Chancres should never be considered simply a local lesion.*"

The views recently put forth by Dr. Sisson are the same that I have long entertained and promulgated as correct. Yet, I go beyond Dr. Sisson, start sooner and stay longer. I hold that *chancre*, so called, "primary syphilis," is a secondary lesion, a consequent, and that the disease in question is *syphilis*, one and the same from the inchoation to the end, from this impressive stage, i.e., from the absorption of the virus by the lymphatic and blood capillaries, to the last development; and *constitutional treatment is always demanded*. We are fully aware that this doctrine is not considered orthodox, according to books, surgical teaching of the schools, or the general opinion of the profession. Purposely we want to get out of the old channel, old fancies and theories, concerning this important disease. We should struggle valiantly

to cast off the fetters that bind the profession to the old aphorisms of Rlcond and his school. Give syphilis a rational history, a rational pathology, and a rational treatment.

The views of Dr. Herman, of Vienna, vide MEDICAL AND SURGICAL REPORTER, fol. 83, January 24th, 1874, I fully endorse, when he states, "He is of opinion that many of the doctrines of syphilis as taught in the schools are without foundation."

G. W. LAWRENCE, M.D.
Hot Springs, Ark.

Chloral in Asthma.

ED. MED. AND SURG. REPORTER:—

In your issue of the 7th inst., in a letter by Dr. Moore, of Minnesota, I regret to learn that the few lines I sent you some time since, in regard to chloral hydrate in asthma, failed to accomplish the object intended in writing them. I hoped by them to put practitioners on their guard against the thoughtless or empirical use of chloral in that disease.

Two or three years ago an article similar to the one to which I called attention went the round of the medical journals, recommending chloral in asthma. Thereupon two of my professional friends and myself gave it a test in three different cases of asthma of long standing, which had suffered repeated attacks, and for which pretty much all the known remedies had been tried with unsatisfactory results. In all three of the cases it not only increased the dyspnoea, but also caused a marked and alarming derangement in the heart's action; and we think we learned thereby not to use chloral in asthma unless we can assure ourselves that there is no "organic lesion of the heart or lungs." It was for the benefit of those who had not this experience that the previous brief note was written, hoping it would put others on their guard against using chloral empirically.

At this late day it is not necessary to say that chloral is a valuable addition to our materia medica; but it is valuable in proportion to its potency, and therefore should be used intelligently. Very truly yours,

CHARLES L. REBER, M.D.
Shelbyville, Ill., February 11th, 1874.

Pumpkin Seeds in Tenia.

ED. MED. AND SURG. REPORTER.

I send the subjoined case as offering further evidence in favor of pumpkin seeds as a remedy for tape worm.

Mr. G. P. S., set. about 32, weighing 310 lbs., muscular, well developed man, of this village, the last few weeks has occasionally found on his person and in his pants pieces of something to him singular and unusual; on exhibiting a specimen to me it was recognized as a segment of tape worm.

February 10, 1874, gave him, at 5 P.M., pepo semina, two ounces, in a pint of milk. Instead of supper, he having had no dinner.

At 9 P.M. the same day he took the following, also in milk.

R. Olei ricini,	5i.	
Olei terebinth,	3ij.	
Syrup. simp.,	3ss.	M.

At 5 A.M., February 11th, passed the worm entire, 18 feet in length.

This is the third case successfully treated by me during the last three years with this simple and harmless prescription.

CHAS. G. BACON, M.D.

Fulton, N. Y., February 11th, 1874.

NEWS AND MISCELLANY.

Trichinae in Indiana.

In the cases of trichinosis recently reported from Aurora, Indiana, Dr. George Sutton, of that city, has made careful microscopical examinations of the diseased meat, and demonstrated the correctness of the diagnosis. The patients are gradually improving.

Health of Paris and Berlin this Winter.

Dr. Besnier reports a mild and moist winter in Paris. Pleurisy, rheumatism and puerperal affections are the most common. Respiratory ailments present nothingsalient, nor any epidemic manifestation. At the Val-de-Grace phthisis in an aguish form is frequent; at the Gros-Caillon tuberculous granulitis. Diphtheritic affections are severe. Enteric fever is milder and less frequent than in former years. In the garrison of Aurillac, continued fever is common, enteric not so. The soldiers most seriously affected are volunteers.

In Berlin, according to a recent correspondent, the health is much better than last winter, there being very little typhus or relapsing fever, and no cholera.

Personal.

Dr. Lyttleton Winslow, son of Dr. Forbes Winslow, the eminent alienist, has recently obtained a Lectureship in Guy's Hospital. He has also published a *Manual of Lunacy*, highly commended by the English press.

News in State Medicine.

—The United States Senate, on February 17, passed a joint resolution authorizing the Secretary of War to detail medical officers of the army to inquire and report upon the cause of epidemic cholera.

—On the 18th inst., in the Senate of New Jersey, bills were passed "to protect the people against irregularities and mistakes in the sale of drugs and medicines."

—The matter of ventilating public schools is at last attracting some attention. The editor of the *Philadelphia Public Ledger* says:—

We have yet to see a school room in a

public school building that shows an understanding of even the common sense principles of ventilation. The truth is, that "architecture" wastes itself either upon the external appearance of the buildings or upon ill-judged "conveniences" inside. If there is a public school building in Philadelphia which, in its internal arrangements for heating, ventilation, etc., and for seating the pupils, shows an *intelligent study* of even the essentials for protecting the health and eyesight of the pupils, we would like, for the sake of the public good, to have an opportunity of examining it.

Another Horse Disease.

An equine epidemic is reported from New York city. It broke out about February 1, the symptoms being loss of appetite, languor and general debility. Swelling of the legs also takes place. The disease, however, yields readily to medical treatment, and few fatal cases have occurred. Of the 2000 horses owned by the Third Avenue Company upwards of one-half have been affected. The Second Avenue line has had 400 affected. Later advices say that thirty fatal cases have been reported in one street car stable.

Singularly Fastidious.

The Cincinnati Commercial tells of a young physician of that city, who recently took a young lady friend for a drive. Passing a cemetery on the road, the doctor alighted to say a few words to the sexton, and on returning to the lady, surprised her by asking if she would object to riding home with a corpse, which he had just bought. The lady declined, and has since formed a resolution not to go riding with any more enthusiastic students of medicine.

—Railroad accidents in the United States average one person killed and four injured, every working day in the year.

—It is said that 250 persons have been adjudged insane by the Courts in Illinois, who were made so by the Chicago fire.

—An old lady in Washington was recently heard to observe, on taking up the morning paper, "I wonder if anybody has been born that I know."

—Kalamazoo claims the smallest twins ever heard of. One is a boy and the other a girl, and weigh together three pounds and four ounces. They are perfect, and in good health.

QUERIES AND REPLIES.

Propylamin.

MR. EDITOR:—Will some of your readers who have had practical experience in the matter kindly answer the following query:—Is *Propylamin* in any considerable degree an efficient remedy in rheumatism, especially its chronic form?

New York.

F. C. C.

Gonorrheal Sterility.

MA. EDITOR:—Mr. A., et. thirty years, single, contracted gonorrhea about three years ago, from which he had inflammation of the left testicle. On examination it is smaller and softer, with a couple of hard nodules at the most dependent portion. He finds that his semen is tinged with blood. Can the function of the testicle be restored, and by what means? Is he necessarily sterile, and would you advise him to marry? His sexual desires are very strong. The right testicle is normal.

Subscriber, Scranton, Pa.

Reply:—The patient is not necessarily sterile, nor even probably so. But he should not marry at present. Inunctions of Iodine ointment, and thoroughly soaking the part in water as hot as it can be borne for five or ten minutes twice daily, is the treatment we suggest.

EDITOR REPORTER.

Practice or Malpractice?

MA. EDITOR:—I wish to give you a history of a case that has been attended by two doctors living near here, and ask your opinion, as the treatment to me is strange. Mr. B., et. forty-five or forty-eight years, strong and healthy, was thrown, or fell on a wheel of his wagon, with sufficient force to mash both testes and bruise the penis; he called one doctor, who immediately sent for his friend; they applied hot beans, and after trying to introduce a gum catheter, without effect, they withdrew the wire and undertook to introduce that alone, and said they had reached the bladder with it, but when they withdrew it nothing but fresh blood followed. The patient lay five or six days with no other treatment than the beans. The scrotum, by this time, was the size of a man's head, and very black. Then they made an opening on each side, and after all the other matter had come away, they found the urine was passing through one of the openings; the man lived about a week, suffering untold agonies. He never had an opiate during the time; but before he died he told his attendants, "them two doctors killed him."

Onawa, Iowa.

J. B., M. D.

Reply:—We quite agree with the ill-starred patient, as we never heard of a more glaring example of professional manslaughter, if the report is correct. EDITOR.

OBITUARY.

PETER ALLEN, M.D., F.R.C.S., EDIN.

Dr. Allen was born December, 1823, and died in London, January, 1874. He received his degree at the St. George Hospital School, served in the Crimea, tried country practice, and finally, in 1863, settled in London, where he gave his attention to aural surgery. Some important contributions to his chosen subject, namely, the Functions of the Middle and Internal Ear, appeared from his pen in *The Lancet*, during the early months of 1869. In September of the same year, exactly twelve months after his first arrival in London, he was appointed Aural Surgeon to St. Mary's Hospital.

In the summer of 1870 many of his lectures were delivered at St. Mary's Hospital, which were during the ensuing winter (January 1871) published in a collected form, under the title of "Aural Catarrh, or some of the commonest forms of Deafness, and

their Cure." These lectures met with considerable success; they have now been some time out of print, and he was laboring strenuously at the preparation of a second edition when struck with mortal illness.

He was an able and intelligent practitioner, and had made some improvements in his art, notably by modifying Politzer's injecting-bag.

DR. FRANCIS HOY.

In January, Dr. F. Hoy died at Columbus, Ohio, one hundred and three years, one month, and twenty-nine days old. Dr. Hoy was born at Wursburg, Bavaria, December 8th, 1770. He chose the medical profession, and after practice in Bavaria extensively, over a period of thirty-eight years, he emigrated to this country in 1831, when sixty-three years old. He continued the practice of medicine in some of the Eastern States until 1861, when he came to Columbus, where he has since resided. Mr. Hoy celebrated his centenary anniversary in 1871. On that occasion Dr. Hoy was as lively as the youngest person present. This state of health continued until a week before death, when he took cold, which settled in his throat, and notwithstanding prompt medical treatment was accorded him he continued to grow worse, and was prostrated on his bed, from which he never again arose.

MARRIAGES.

LENSEN—WILSON.—On Thursday, January 15th, 1874, at the residence of the bride's mother, Elizabeth, N. J., by Rev. J. W. Shackelford, Arthur Lensen, of Rheydt, Rhenish Prussia, and Emily Bulow, eldest daughter of the late William Wilson, M. D., of New York.

DEATHS.

ARMSTRONG.—On Sunday, February 15th, at Edwardsville, Ellen Ethylene, oldest daughter of Dr. J. M. and M. E. Armstrong, aged 8 years, 9 months and 25 days.

ABERNETHY.—At Rahway, N. J., on Friday morning, the 13th inst., Samuel Abernethy, M. D., in the 63th year of his age.

EGBERT.—On the 11th instant, at Winfield, Kansas, Dr. David N. Egbert, late of Lower Merion, Pa., aged 30 years.

FOOTE.—In this city, on the 6th inst, after a lingering illness, Dr. H. Foote, aged 40 years.

KEYT.—On Walnut Hills, Cincinnati, O., February 9th, 1874, at 4 o'clock, A. M., from pneumonia and peritonitis, following scarlet fever, Hamlin, youngest son of Dr. A. T. and Susanna D. Keyt, aged 4 years, 6 months and 8 days.

LOWREE.—At Newark, N. J., Monday, February 2d, Emily, wife of T. W. Lowree, M. D., in the 66th year of her age.

MILLER.—On Tuesday afternoon, at 2.45 o'clock, February 10th, 1874, at Beaver, Pa., Thula, daughter of Dr. J. W. and Ella A. Miller, aged eight months and six days.

MOTT.—In Rome, Italy, on the 10th, aged 43 years, Arabella, wife of Dr. Alexander B. Mott, and daughter of the late Thaddeus Phelps.

MURPHY.—At Mount Vernon, N. Y., on Tuesday, February 10th, Rebecca E. Dean, wife of Dr. William Murphy, in the 62d year of her age.

SMITH.—At Perth Amboy, N. J., on Tuesday, February 2d, Charles McKnight Smith, M. D., in the 71st year of his age.

WHITEHEAD.—On the 29th ult., at Woodbury, N. J., Rev. W. M. Whitehead, M. D.

PETTINGILL.—Died at Hancock, Delaware county, N. Y., February 11th, 1874, S. C. Pettingill, Jr., son of Dr. S. C. Pettingill, aged 30 years.